

**STATE OF RHODE ISLAND  
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

**PUBLIC NOTICE OF PROPOSED RULE-MAKING**

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following DCYF rule:

**USE OF RESTRAINT AT THE RI TRAINING SCHOOL**

This rule, formerly entitled Crisis Intervention and the Use of Restraint, is being amended in compliance with the federal court order relating to RI Training School residents, the accreditation standards of the American Correctional Association (ACA) for Juvenile Training Schools and Juvenile Detention Facilities and good juvenile justice practice. The rule is amended to provide direction to Training School staff on approved methods of restraining residents. The previous version of this policy, re-filed 1/5/07, is superseded by this amended version.

In the development of this rule, consideration was given to the following: (1) alternative approaches and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This amended rule is accessible on the R.I. Secretary of State's website (<http://www.sec.state.ri.us/ProposedRules/>) and the DCYF website (<http://www.dcyf.ri.gov>) or available in hard copy upon request (401-528-3685). Interested persons should submit data, views or written comments by October 8, 2010 to Susan Bowler, Administrator for Families and Children, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI, 02903 ([Susan.Bowler@dcyf.ri.gov](mailto:Susan.Bowler@dcyf.ri.gov)).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

# ~~Crisis Intervention and the Use of Restraint~~ Use of Restraint at the RI Training School

Rhode Island Department of Children, Youth and Families  
Division of Juvenile Correctional Services: Training School

**Policy: 1200.0832**

**Effective Date: January 1, 1987 Revised Date: ~~August 20, 2001~~**

**Version: ~~21~~**

The Division of Juvenile Correctional Services, in compliance with Rhode Island General Law 42-72.9-9, has established a continuum of interventions to create an environment that minimizes the need for restraints and maximizes safety when restraint is necessary. Training School staff are provided with initial and ongoing training on the use of physical and mechanical restraint. Physical restraint is a non-mechanical behavior management technique involving the use of physical intervention as a means of restricting a resident's freedom of movement. Handcuffs, hobblers and leg irons are mechanical restraints used to temporarily control behavior.

No resident is restrained for the purpose of punishment, discipline, convenience or retaliation by staff. Physical and/or mechanical restraint is applied only to ensure the safety of residents, staff and the public. Staff continuously monitor the physical condition of a resident being restrained to ensure safety and seek immediate medical attention if a resident being restrained shows significant signs of physical distress. Restraint is used only when transporting residents on or off grounds or when a resident's actions demonstrate that he or she is a danger to self or others and no other intervention has been or is likely to be effective in averting danger. The resident is released from restraint at the earliest possible time that he or she can commit to safety and no longer poses a threat of harm to self or others.

## Related Procedure

### Use of Restraint at the RI Training School

#### Related Policy

#### Major Discipline Review

#### Behavior Report

#### Discipline for Academic and Vocational Classes

#### Lock Up

#### Control Center

#### Escape of Supervised Residents

#### Use of Physical Force or Corporal Punishment

~~The Department, in compliance with Rhode Island General Law 42-72.9-9, has established a continuum of interventions, defined the circumstances under which Training School residents may be restrained and developed procedures for restraining residents of the Rhode Island Training School (Training School, Juvenile Detention Center and Young Women's Program). The goal of this policy is to identify the circumstances under which physical and mechanical restraint may be applied to ensure the safety of residents, staff and the public.~~

#### ~~Restraint of Training School residents shall be limited to the following situations:~~

- ~~• Resident is demonstrating by his/her actions that he/she is a danger to self or others, attempting to escape or destroy property, and~~
- ~~• No other intervention has been or is likely to be effective in averting the danger.~~

~~\_\_\_\_\_ The resident shall be released from restraint at the earliest possible time that the resident can commit to safety and no longer poses a threat to harm himself/herself or others.~~

~~Training School administrative and supervisory staff take an active role in creating an environment that minimizes circumstances that give rise to restraint use and maximizes safety when restraint is used. This leadership includes ensuring staff understand that the use of restraint poses an inherent risk to the physical safety and psychological well-being of the individual and staff. Additionally, it includes ensuring that staff understand that the use of restraint has the potential to produce serious consequences, such as physical and psychological harm, loss of dignity, violation of an individual's rights and even death. Ensuring the appropriate use of restraint is a paramount responsibility of all Training School administrators and supervisors.~~

~~The Department will provide Training School staff with initial and ongoing training and will integrate the use of restraint into performance improvement activities as methods to focus on the creation of a positive environment and the reduction of the use of restraint. This policy does not apply to transportation or hospital supervision.~~

~~The following definitions are applicable to this Policy and Procedure:~~

- ~~**De-escalation:** Strategies used to defuse a volatile situation, to assist a resident to regain behavioral control and to avoid physical intervention.~~
- ~~**Monitoring:** Observation of the physical, verbal and behavioral responses of a resident for signs of distress while being restrained.~~
- ~~**Physical escort:** Touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing an acting out resident to walk to a safe location. A physical escort is not a physical restraint.~~
- ~~**Restraint:**
  - \* ~~**Physical restraint:** A non-mechanical behavior management technique involving the use of physical holding as a means of restricting a resident's freedom of movement. Physical restraints include residents being held in a standing, seated or horizontal position.~~
  - \* ~~**Mechanical restraint:** Any physical or mechanical technique that includes the use of handcuffs and leg irons to temporarily control behavior.~~~~
- ~~**Physical take down:** The act of bringing a resident who is being restrained to a sitting or horizontal position.~~
- ~~**Processing:** Verbal interactions, between staff and a resident who has been restrained, designed to assist the resident in reviewing the behavioral incident and restraint with the goal of minimizing the need for future restraint.~~
- ~~**Release:** Ending the restraint hold on a resident.~~
- ~~**Restraint follow-up:** Review by program management of each resident with involved staff as part of a feedback and quality assurance process.~~

# ~~Crisis Intervention and the Use of Restraint~~Use of Restraint at the RI Training School

Procedure from Policy 1200.0832: ~~Crisis Intervention and the Use of Restraint at the RI Training School~~

- A. Restraint is used only when transporting residents on or off grounds or when a resident's actions demonstrate that he or she is a danger to self or others and no other intervention has been or is likely to be effective in averting danger.
1. Staff utilize the least restrictive method of restraint consistent with resident and community safety.
    - a. When the use of restraint is planned or can be anticipated, staff determine the method of restraint in advance in consultation with the Unit Manager or Superintendent or designee.
    - b. When restraint is utilized in an emergency, staff follow all procedures identified in Paragraph C, below, and consult a Unit Manager or Superintendent or designee as soon as possible.
    - c. Staff utilize only physical or mechanical techniques identified in Department training.
    - d. Staff continuously monitor the physical condition of a resident being restrained to ensure safety.
    - e. Staff immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint, and provide the resident with immediate medical assistance.
  2. A physical restraint is a behavior management technique involving the use of physical intervention as a means of restricting a resident's freedom of movement. Physical restraint may include:
    - a. Providing a physical escort; a physical escort is touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing an acting out resident to walk to a safer location.
    - b. Holding resident in a standing, seated or horizontal position.
  3. Handcuffs, leg irons and hobbles are mechanical restraints used to temporarily control behavior.
    - a. Residents are never handcuffed or shackled to any fixed or stationary object on or off Training School grounds.
      - i. Staff ensure that mechanical restraints are applied in conformance with departmental training.
      - ii. Staff are attentive to any resident complaint about pain caused by mechanical restraints and adjust restraints accordingly.
      - iii. Staff ensure that mechanical restraints are double-locked.
    - b. Mechanical restraints are assigned to individual units and are engraved with the unit's code and are numbered.
      - i. Mechanical restraints are stored in a secure area when not in use.
      - ii. Mechanical restraints are not displayed in an office or any other visible area.
      - iii. Mechanical restraints are not given to residents or left unattended at any time.
      - iv. Employees are not allowed to use personal mechanical restraints.
      - v. Staff assigned to the Unit Log Book count mechanical restraints at the beginning and at the end of each shift. Staff document the count in the Unit Log Book.
      - vi. Missing mechanical restraints are noted and reported immediately to the Unit Manager and/or the Master Control Center and/or the Administrator on Call.

- vii. In conformance with DCYF Policy 1200.8057, Control Center, shift coordinators also maintain, distribute, and document utilization of mechanical and physical restraints.
4. The use of restraint is reviewed annually by the Superintendent or designee.
- B. Transporting Residents**
1. Mechanical restraints are used in movement of residents between the Training School's facilities and when necessary in transporting residents off grounds.
2. Staff determine the level of security required by each resident in transportation in consultation with the Unit Manager and Administrator on Call.
3. In consultation with the Unit Manager, clinical staff and/or the Administrator on Call, staff determine the best approach to safety and security for residents with special needs.
- a. Residents with special needs include, but are not limited to, females who are pregnant or residents whose physical mobility is compromised.
- b. The Training School limits the use of mechanical restraints on pregnant girls to circumstances where the girl is a danger to herself or others or a flight risk. Such risks are documented prior to the restraint. Belly/waist chains are not utilized with pregnant girls.
- c. If medical staff request the removal of mechanical restraints, Training School staff request guidance from the Superintendent or Administrator on Call. If a qualified medical profession requests the removal of restraints for emergency medical care, Training School staff comply and notify the Superintendent or Administrator on Call as soon as possible.
4. Mechanical restraints are applied within the building when resident(s) are to be transported out of the building.
5. When moving groups, staff may handcuff residents in pairs or in a chain-like line manner.
6. When transported in a vehicle on a secure status on or off grounds, residents are handcuffed in front of the body for safety.
7. Mechanical restraints are not unlocked, loosened or removed by staff or residents in a vehicle or a busette, unless required by an imminent risk to resident safety.
- C. Use of Restraint in Crisis Intervention**
1. No resident is restrained for the purpose of punishment, discipline, convenience or retaliation by staff.
2. Staff utilize de-escalation strategies described in pre-service and in-service training to defuse a volatile situation, assist a resident to regain behavioral control and avoid a physical restraint.
3. Staff attempt verbal counseling, level system sanctions and direct warnings before resorting to a physical escort or restraint.
4. If interventions described in paragraphs C.2. and C.3. above are not effective, staff may utilize a physical escort to move a non-compliant resident to a different location for the safety of the resident and the facility.
- a. A safer location includes but is not limited to the resident's room or a location away from the general population.
- b. As soon as the resident is calm and cooperative, he/she is returned to the general population, except as provided in DCYF Policies, 1200.1305 Behavior Report; 1200.1306, Major Discipline Review; and 1200.1310, Discipline for Academic/Vocational Classes.
5. The interventions described in paragraph C 2 - 4 are not utilized when a resident attacks another person suddenly and/or without warning and/or presents an imminent danger to self or others and/or attempts to escape.
6. When circumstances allow, staff notify the Master Control Center of a situation that may require a resident to be restrained to ensure that a proper response can be developed and supported. In all cases, the Master Control Center is notified immediately or as soon as possible upon the use of a restraint.

7. When circumstances allow, staff remove other residents, potential weapons and other hazards from the area where a resident seems likely to be restrained.
8. Whenever possible, if a resident is restrained in a contained situation, staff utilize a portable video recording device to record the event to allow for accountability of both resident and staff.
9. The physical condition of a resident who is being restrained is monitored continuously by staff and this monitoring is documented in the Unit Log Book.
10. Staff may not position or hold the resident in a manner which restricts breathing. Staff immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint and provide the resident with immediate medical assistance.
11. The clinic is notified and the resident is examined by a nurse as soon as practical after any restraint but in all cases within the same shift.
12. The resident is released from restraint at the earliest possible time that he/she can commit to safety and no longer poses a threat to self or others.
13. In instances involving resident and/or staff injury, medical personnel are notified immediately.
14. The physical condition of a resident who is being mechanically restrained is monitored continuously by staff.
  - a. Staff keep residents who are mechanically restrained under direct observation and supervision.
  - b. This monitoring and supervision is documented in the Unit Log Book.
15. Staff escort the resident to his/her room or to another safe area before releasing him/her from mechanical restraints.
16. The resident remains in his/her room or safe area as provided in DCYF Policies, 1200.1305 Behavior Report; Policy 1200.1306, Major Discipline Review; and 1200.1310, Discipline for Academic and Vocational Classes.
17. If the resident has not been released from mechanical restraint within fifteen (15) minutes, the Administrator on Call is contacted.
  - a. The Administrator on Call approves all uses of mechanical restraint exceeding fifteen (15) minutes in length.
  - b. Staff reassess the need for mechanical restraint every fifteen (15) minutes for the purpose of timely removal and documents this assessment through the filing of an Unusual Incident Report.
18. If a resident is injured during a restraint, his/her parents are notified.
19. Staff document the use of physical or mechanical restraints in the Unit Log Book and on the Unusual Incident Report.
  - a. The Unusual Incident Report is signed by the staff person who applied the restraint.
  - b. Other involved staff have the option of making separate comments and attaching them to the Report.
  - c. By the end of the shift, medical staff sign the Unusual Incident Report.
  - d. The Report includes the following information:
    - i. Name of resident
    - ii. Name of staff who applied restraints
    - iii. Type of physical force or mechanical restraints used
    - iv. Date and time restraints were applied
    - v. Persons notified and persons approving restraint
    - vi. Circumstances necessitating the restraint including the alternative actions attempted and found unsuccessful or reasons alternatives were not possible
    - vii. Location and confinement
    - viii. Supervising personnel
    - ix. Assistance of additional personnel
    - x. Date and time restraints were removed

- xi. Referrals or contacts with medical and mental health staff including the date and time such persons were contacted
    - e. The Superintendent or designee reviews each incident of restraint to provide feedback to staff. The record of each incident is maintained for a period of at least one year in a file in the office of the Superintendent.
    - f. The Superintendent or designee convenes a Restraint Review Committee quarterly.
      - i. This Committee is chaired by the Superintendent or designee and includes training staff, mental health staff, and line staff.
      - ii. The Committee regularly reviews all incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.
- D. Physical force is utilized in conformance with DCYF Policy 1200.1207, Use of Physical Force or Corporal Punishment. In conformance with and as defined by this policy, Corporal Punishment is strictly prohibited in all circumstances.
- E. Residents are placed in Lock Up in conformance with DCYF Policy 1200.1307, Lock Up.
- F. If a resident escapes, staff respond in conformance with DCYF Policy 1200.0817, Escape of Supervised Residents (Runaways).
- G. Paragraphs A – F are consistent with American Correctional Association (ACA) Standards 3-JDF-3A-15; 3-JTS-3A-15; 3-JDF-3A-16, 3-JTS-3A-16; 3-JDF-3A-17 and 3-JTS-3A-17.

#### **A. Self Protection**

- 1. ~~Staff shall only use self-protection techniques which they are instructed to use in Departmental training relative to behavior management, crisis intervention and use of restraint. These techniques may include, but are not limited to, the following:~~
  - a. ~~Releases from rear assaults, chokes and bear hugs~~
  - b. ~~Avoidance of frontal assaults and assaults with weapons~~
- 2. ~~The purpose of self-protection is to put physical distance between the staff and the resident and to minimize injury to residents and staff. Staff may then make a subsequent and separate decision regarding the necessity to restrain a resident. This decision shall be made in accordance with the guidelines of this policy.~~

#### **B. Use of Physical Escorts**

- 1. ~~Staff shall use techniques which they are instructed to use in Departmental training relative to behavior management, crisis intervention and use of restraint. Staff may use physical escorts when staff reasonably believe it necessary to move a non-compliant resident to a different location for the safety of the resident and the unit. A safer location could be the resident's room or any other location away from the general population.~~
- 2. ~~Once the resident is calm and cooperative, he/she shall be returned to the general population unless, in accordance with the Disciplinary Procedure, the Administrator on Call specifically authorizes otherwise.~~

#### **C. When a Resident May be Restrained**

- 1. ~~A resident may be restrained only when his/her actions demonstrate that he/she is a danger to self or others, the resident attempts to escape or destroy property and no other intervention is likely to be effective in averting the danger.~~
- 2. ~~Staff shall attempt verbal counseling, level system sanctions and direct warnings before resorting to restraints. The exception to this rule is if a resident attacks another person suddenly or without warning or presents an imminent danger to self or others or attempts to escape.~~

- ~~3. When circumstances allow, staff shall notify the Shift Coordinator's Office of a situation that may require a resident to be restrained so a proper response can be developed and supported.~~
- ~~4. When circumstances allow, staff shall seek to remove other residents, potential weapons and other hazards from the area where a resident seems likely to be restrained.~~
- ~~5. No resident shall be restrained for the purpose of punishment, discipline, convenience or retaliation by staff.~~
- ~~6. No restraint shall include chokeholds, headlocks, hog-tying or the use of pressure points to inflict pain.~~
- ~~7. The physical condition of a resident who is being restrained shall be monitored continuously by staff.~~
- ~~8. Staff shall immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint, and shall provide the resident with immediate medical assistance.~~
- ~~9. The resident shall be released from restraint at the earliest possible time that he/she can commit to safety and no longer poses a threat to harm self or others.~~
- ~~10. Following the release of a resident from a restraint, the program shall implement processing and follow-up procedures approved by the Department.~~
- ~~11. In instances involving resident and/or staff injury, medical personnel shall be notified immediately. Any injured party, resident or staff, shall receive a medical examination.~~

#### **~~D. Resident Restraint~~**

- ~~1. The Shift Coordinator's Office shall be notified immediately or as soon as practical upon the use of restraint.~~
- ~~2. A restraint shall begin with a take-down. The take-down shall occur in the manner in which staff are trained during Departmental training relative to behavior management, crisis intervention and use of restraint.~~
  - ~~a. If the resident complies he/she shall be released.~~
  - ~~b. If the resident will not commit to safety and staff reasonably believe that the resident remains a physical danger to self or others, staff are authorized to use mechanical restraints.~~
- ~~3. Once the resident has been handcuffed, the resident shall be immediately rolled to his/her side and brought to a sitting position. While in this position an additional staff shall monitor the resident's breathing.~~
  - ~~a. Staff shall make sure that the resident is not positioned or held in a manner which restricts breathing.~~
  - ~~b. At this point the staff shall be behind the resident, preventing him/her from getting up by gently pushing down on his/her shoulder.~~
- ~~4. As soon as the resident is calm, he/she shall be permitted to stand up.~~
  - ~~a. The resident shall be escorted to his/her room or to another safe area before being released from mechanical restraints unless he/she will not commit to safety and staff believe the resident remains a physical danger to self or others.~~
  - ~~b. The resident shall remain in his/her room or safe area until staff believe that the resident is ready to return to general population unless the Administrator on Call, in accordance with the Discipline Policy, specifically authorizes otherwise.~~
  - ~~c. The clinic should be notified and resident should be examined by a nurse as soon as practical.~~
- ~~5. If the resident is not calm and has not been released from mechanical restraints within twenty (20) minutes, procedures outlined under longer term mechanical restraints (E below) are followed.~~

#### **~~E. Longer Term Mechanical Restraints~~**

- ~~1. The Administrator on Call shall approve all uses of mechanical restraints exceeding twenty (20) minutes in length.~~
- ~~2. Mechanical restraints shall never be attached to a fixed objects, including but not limited to poles, radiators or vehicles.~~



- ~~3. Staff shall visually supervise a mechanically restrained resident at all times. Restrained residents shall **never** be left alone.~~
- ~~4. Staff shall reassess the need for mechanical restraints every fifteen (15) minutes for the purpose of timely removal and shall document this assessment through the filing of an Unusual Incident Report.~~
- ~~5. This requirement does not apply to restraints used during transportation. When transporting residents outside a facility, staff should follow the requirements of the Transportation Policy.~~

#### **F. ~~Prohibited Techniques~~**

- ~~1. Personnel shall not use or permit the use of physical force that may cause excessive bodily injury, including:
  - ~~a. Chokeholds or other holds that limit circulation or air flow~~
  - ~~b. Sitting, kneeling or otherwise putting substantial body weight on a resident except in the process of the take-down itself~~
  - ~~c. Excessive twisting of limbs~~
  - ~~d. Hog-tying~~
  - ~~e. Pressure points that inflict pain for submission~~
  - ~~f. Striking or hitting a resident~~
  - ~~g. Biting or scratching a resident~~
  - ~~h. Any other similar non-approved forms of contact~~~~
- ~~2. Violations of this policy or the failure to report or stop violations of this policy shall result in disciplinary action up to and including termination.~~

#### **G. ~~Documentation and Reporting~~**

- ~~1. Documentation
  - ~~a. The use of physical and/or mechanical restraints shall be documented by the staff who applied the restraints in the Unit Log Book and on the Unusual Incident Report/Physical Restraint Report. The Unusual Incident Report/Physical Restraint Report is signed by the staff person who applied the restraint. Other involved staff have the option of making separate comments and attaching them to the Report. The Report shall include the following information:
    - ~~i. Name of resident~~
    - ~~ii. Name of staff who applied restraints~~
    - ~~iii. Date and time restraints were applied~~
    - ~~iv. Persons notified and persons approving restraint~~
    - ~~v. Circumstances necessitating the restraint~~
    - ~~vi. Location and confinement~~
    - ~~vii. Supervising personnel~~
    - ~~viii. Assistance of additional personnel~~
    - ~~ix. Resident comments (staff notes on Report if resident comments are attached)~~
    - ~~x. Date and time restraints were removed~~
    - ~~xi. Documentation of debriefing~~
    - ~~xii. If applicable, the results of a medical examination~~~~
  - ~~b. Each resident who has been restrained shall be offered the opportunity to comment in writing on the restraint, as soon as possible and, at a maximum, within twenty four (24) hours of its occurrence; such comment shall be attached to the **Unusual Incident Report/Physical Restraint Report**.~~~~
- ~~2. Reporting of Violations
  - ~~a. Staff shall report any violations of Departmental policy relating to physical or mechanical restraint which staff personally witness. Reports shall be in writing and shall be submitted to the Shift Coordinator's Office before the end of the staff person's shift.~~
  - ~~b. Administration shall commence an internal investigation as soon as possible, but no later than twenty-four (24) hours, if any use of physical force by staff is reasonably alleged to be excessive and/or abusive.~~~~

~~H. **Seclusion** – The use of seclusion within the Rhode Island Training School shall be consistent with the terms of Appendix A (Discipline Policy) to the Federal Court Consent Decree, In Re Inmates of the Rhode Island Training School vs. Lindgren, CA.#4529.~~